

# Rural District of Great Ouseburn.

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## *Dr. C. E. Lownds' Annual Report*

*Of the Sanitary Condition of the Rural District of Great Ouseburn,  
for the Year 1906.*

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MR. CHAIRMAN AND GENTLEMEN,

I beg to submit to you my Report on the Sanitary Condition of the Great Ouseburn Union for the year ended December 31st, 1906.

**BIRTH RATE.**—There have been 236 births registered (of these 124 were males and 112 females), giving a birth rate of 24·6 per 1,000, an increase on last year when the birth rate was 23·5 per 1,000.

**DEATH RATE.**—122 deaths were registered during the year, 55 males and 67 females, giving a death rate of 12·7 per 1,000, as against 13·2 in 1905.

**INFANTILE MORTALITY.**—The question of infantile mortality is taking up a great deal of attention at the present time, and undoubtedly it is a very serious one. It is common knowledge that the mortality among our infant population is excessively high, but perhaps it is not so well known that while the general death rate has considerably declined, as a result of improved sanitary and social conditions, the infant death rate has not fallen in a corresponding manner, in addition to this the general birth rate is decreasing. In our district 23 deaths under one year of age were registered out of a total of 122 deaths. The chief causes of death were Diarrhœal disease, Premature birth, &c. No doubt improper feeding, carelessness, and ignorance are the main causes of the mortality from such diseases as Diarrhœa, Enteritis. Artificial feeding is much more resorted to on the part of mothers than formerly, probably more mothers are unable to properly suckle their infants, owing to the greater stress of life and to the more artificial conditions under which we live, perhaps if pure milk properly diluted was used for feeding instead of the indigestible, non-nutritious foods that are so often used, not so much harm might be done. Undoubtedly a good deal of this is due to ignorance on the part of mothers, and I think the laws of health and domestic hygiene should be compulsory subjects in all our elementary schools. Lately, a leaflet was published by the West Riding Sanitary Committee, entitled "How to take care of the baby." I think some good might be done in a district like ours if leaflets similar to these were issued by the Registrars when the birth of a child was registered. It is also desirable that all births should be registered within at any rate a week of their occurrence.

Of the deaths that occurred between the ages of 1 and 5, the principal causes were: Whooping Cough 2, Tubercle 1, Pneumonia 1. Between 5 and 25, Diphtheria 1, Pneumonia 1, Accident 1, Suicide 1. Between 25 and 65, 10 were attributed to Phthisis, 5 Pneumonia, 4 Heart Disease, 3 Accident, and 2 Suicide. Over 65 years, 11 died from Heart Disease, 4 Cancer, 3 Phthisis, 3 Bronchitis.



**ZYMOTIC DISEASE.** 35 cases were notified during the year, as against 45 cases in 1905, and 54 in 1904. Of the 35 cases, 19 were Scarlet Fever, 10 Diphtheria, 5 Erysipelas, and 1 Enteric.

**SCARLET FEVER.** Of the nineteen cases reported during the year. 14 were removed to the Hospital at Acomb, and all made a good recovery. None of these cases were attributed to any particular insanitary condition, nor could they be traced to milk (a very common cause for the spread of Scarlet Fever). Probably they were all due to infected clothing or personal contact with an infected child.

As has been the case in previous years all the cases were mild, and in some instances it was difficult to make parents believe; that their children had actually the disease. In one village I had a history from one mother that some 3 months previous to my visit "two of her children had had slight sore throat, rash and afterwards the skin had come off," she thought it was an ordinary cold and did not call in a Doctor; under such circumstances as these it is no wonder that Scarlet Fever keeps cropping up. In Great Ouseburn where Scarlet Fever has been more or less epidemic for two years we had ten cases during the year, but since September we have only had one case, so I hope we have now got to the end of it. In the early part of the year thinking that school books might be the cause of the disease constantly breaking out, I applied to the County Council to have the school books destroyed, they only partially agreed with my request; but sent an Inspector over to help with the disinfecting of the school. It was given a most thorough disinfecting, not only books, but slates, pencils, &c., were disinfected. I think this helped largely in checking the disease.

**DIPHTHERIA.** Cases of this disease have appeared to be more frequent in late years but probably this is not really the case, but that the diagnosis is more perfect. It is now practically the rule to have all suspicious throats examined for the Diphtheritic germ, by this means cases are discovered which would not have been called Diphtheria previously. I do not think cases are so severe as they used to be, and as they are usually diagnosed fairly early means can be taken to isolate before other members of the household have been infected.

**ENTERIC FEVER.** Again I have pleasure in reporting that we have only had one case during the year, and this patient probably did not contract the disease at home, but being a agent he was constantly travelling about, in fact as a rule left home early in morning and returned at night, he attributed this attack to something he had taken when on one of his journeys. We have been singularly free from Enteric Fever during the past five years, only 12 cases having been reported during that time, half of which occurred one year.

**PHTHISIS AND OTHER TUBERCULAR DISEASES.** Again I have to report a large number of deaths from this fatal disease, sixteen being registered out of a total of 122 deaths, or one out of eight deaths. Last year 17 deaths from Tubercular Disease out of a total of 135 deaths registered. I fear we shall make no progress in checking this disease until we get compulsory notification. With notification, isolation and disinfection could be more effectually carried out. I consider that all consumptive patients should be isolated as strictly as those suffering from Small-pox, Scarlet Fever, and other such disease. All bedding, clothing, and houses occupied by consumptives should be disinfected. No doubt a well-appointed Sanatorium would be a great boon to those sufferers who are unable to pay for admission into a private house.

**WATER SUPPLY.**—During the past summer most of our villages were short of water, of course the summer was an exceptionally dry one and this in a way may account for the shortage, but I am of opinion that many of the villages are always short of water, one well having to supply many houses, and it is often the case that this well is on private property, and it is only by courtesy of the landlord or tenant that the neighbours are allowed to draw water from it. I hope you will before long give this matter your serious consideration; in my opinion it would more economical and better to have a scheme which would include the whole





Union than to deal with each village individually. Of course the objection to a large scheme is that outlying farms would not benefit by it, but it is in the villages where the shortage is felt and where it is not only necessary to have a plentiful supply of water for domestic purposes, but also for flushing sewers, drains, &c.

It is a difficult matter to prepare satisfactory drainage schemes when you have no water for flushing purposes. Previously when we have made any extension in our water supply it has been in the form of deep bore wells, but I am not sure that this method of obtaining water is altogether satisfactory, except in the case of outlying houses; existing supplies have been much shortened by fresh bore wells being sunk in their neighbourhood. I also find that the water from these bore wells is often so hard as to be of doubtful quality for that reason alone.

You have had the question of the Green Hammerton Water before you on several occasions during the past year. Green Hammerton suffers not so much from scarcity of water but that the quality is not good, out of several wells analysed only two were found fit for drinking purposes, and one of these was liable to pollution. The water was found to contain excess of Nitrates and Chlorides pointing to pollution from sewage matter from the fact that there are many foldyards in the village, and the red sandstone comes very near the surface and is not protected by any layer of clay, it made readily be understood that pollution can easily take place, especially as the sandstone is fissured in places. The two methods that might be utilized for supplying the village with water are either to sink one or two deep bore wells in the village or to bring water by means of a windmill, or other power, from some spring outside the village.

The main objections to the former scheme are that it is by no certain that we could obtain good water even if we bored deep; at 130 feet we have been unable to obtain good water in Green Hammerton, then again, the water from a great depth would be almost too hard for domestic purposes. The second scheme, that of bringing the water from outside the village, seems although much more expensive the most feasible and it is the one most generally approved of by the inhabitants. Fortunately, I think we have found a spring from which an ample supply of good water may be obtained, and I hope before long the plans may be ready for your approval. Of course as I pointed out before, I think it would be much better to have a good water supply for the whole district, than to spend a lot of money on a small village like Green Hammerton, when we are bound before long to go in for a large scheme, at the same time something must be done at Green Hammerton at once, as, although the village has so far been very healthy, still with the water liable to be polluted with sewage, there is always a possibility of Diarrhoea or Enteric Fever breaking out in a serious form.

The following Bacteriological Examinations have been made for us by the West Riding Laboratory during the year: Enteric Fever 6, Sputum for Tubercle Bacillus, 6, Diphtheria, 33.

**SEWAGE AND SEWAGE DISPOSAL WORKS.**—During the year a large amount of work has been got through in connection with Sewage and Sewage Disposal Works

At Staveley the outfall sewer was extended fifty yards, a small settling tank was then constructed, the effluent from this was carried through common pipes for another fifty yards, allowing percolation into the gravelly subsoil before entering the stream.

At Green Hammerton we extended a sewer, put in a settling tank and conducted the effluent through common pipes; this was done with a view of abating a nuisance, not only to the public but by so doing to improve the condition of a ditch into which the sewage discharged.

At Boroughbridge the outfall sewer was extended 200 yards and a large settling tank erected, by thus getting rid of the solids before the sewage discharged into the ditch, we hope to prevent any pollution of the river as most of the effluent will be absorbed before reaching the river.



At Kirk Hammerton sixty yards of new sewer have been made in place of an old common sewer.

At Upper Poppleton 240 yards of new sewer with the necessary manholes have been constructed to provide for new houses in Sand Lane.

At Nether Poppleton two new sites have been obtained for treatment of sewage by irrigation at a cost of £200 the York Waterworks Co. paying half.

At Upper Poppleton we have exchanged part of our land and by so doing have practically doubled our area for the treatment of the sewage, and I think now the Rivers Board ought to be satisfied that we are not polluting the river.

A scheme has been prepared to deal with the sewage at Kirk Hammerton, it has been decided to treat the sewage on land the cost of the work to be £160.

I fear little has been done to improve the condition of the houses of the working classes, in most of the villages there are houses which are scarcely fit for habitation, damp, ill-ventilated cottages, without fireplaces in the bedrooms, and just the houses to breed and spread such diseases as Phthisis. No doubt some of these cottages might be closed with advantage but until there are some better ones built for the people to occupy we can hardly do so.

DAIRIES, MILKSHOPS, &c.—These are regularly inspected and are kept fairly clean. The question of milk which so often play an active part in the spread of disease is as important one, and it is very desirable that everything should be done that is possible to keep the milk pure. Not only should the byre and cans be kept scrupulously clean, but the men who milk the cows should always thoroughly wash their hands before milking. With a view of drawing the attention of dairy-men to this important matter, printed leaflets were sent round by the County Medical Officer of Health which have been posted in most dairies in our district.

With regard to Factories and Workshops Acts we have done very little, as I did not consider that the few small brickyards, tailors' shops and blacksmiths we have in the district came under the act. However it appears that they do, they will therefore be inspected and reported on in the future.

**C. E. LOWNDS,**

*Medical Officer of Health.*





*Appended is the Report of Inspector of Nuisances.*

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Sewers relaid 3 (about 170 yards)	..	..	..	3
Houses and Premises re-drained	..	..	..	11
Privies new or re-constructed	..	..	..	3
Water Closets new	..	..	..	3
Ashpits repaired	..	..	..	3
Other Nuisances abated	..	..	..	14
Total	..	..	..	37

**C. CAWOOD,**  
*Inspector.*



TABLE I.

Rural District of Great Ouseburn.

Vital Statistics of Whole District during 1906 and Previous Years.

YEAR.	Population estimated to middle of each year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
		Number.	Rate.*	Under 1 year of age		At all ages.					Number.	Rate.*
				Number.	Rate per 1,000 Births registered	Number.	Rate.*					
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
1896	9,149	265	28·1	26	098	121	12·7	5			121	12·7
1897	„	242	25·6	28	115	135	14·3	6			135	14·3
1898	„	245	26·2	28	114	158	16·5	5			158	16·5
1899	„	240	25·4	21	087	125	13·05	4			124	13·5
1900	„	231	24·5	42	190	168	16·9	7			168	16·9
1901	„	238	25·2	27	113	143	15	8			143	15
1902	9,573	240	25·07	16	066	138	14·3	4		4	142	14·8
1903	„	226	23·6	21	092	121	12·6	7		4	125	13·05
1904	„	241	23	33	137	127	13·2	10		6	133	13·9
1905	„	225	23·5	32	142	135	14·1	11		5	140	14·6
Averages for years 1896-1905.	9,318	239	25·06	27	115	137	14·3	6		5	138	14·5
1906	9,573	236	24·6	23	097	122	12·7	11		8	130	13

\* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

NOTE. —The deaths to be included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in column 12 are the number in column 7 corrected by the subtraction of the number in column 10, and the addition of the number in column 11.

By the term “ Non-residents ” is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there ; and by the term “ Residents ” is meant persons who have been taken out of the district on account of sickness or infirmity and have died in public institutions elsewhere.

The “ Public Institutions ” to be taken into account for the purpose of these tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses, and lunatic asylums.

Area of District in acres  
(exclusive of area  
covered by water). } 43,134.

Total Population at all ages, 9,573.  
Number of inhabited houses, No Record.  
Average number of persons per house, No Record.

At Census of  
1901

(6)





TABLE II.

# Rural District of Great Ouseburn.

## Vital Statistics of separate Localities in 1906 and Previous Years.

NAMES OF LOCALITIES.	1. ACOMB.				2. BOROUGHBRIDGE.				3. REST OF DISTRICT.				4.				5.				6.				7.			
	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.				
YEAR.																												
1896	2181	79	31	10	924	22	11	3	6314	164	79	13																
1897	"	69	31	6	"	33	19	7	"	148	85	15																
1898	"	71	42	12	"	20	19	4	"	154	97	12																
1899	"	80	35	8	"	23	7	1	"	135	84	12																
1900	"	73	48	18	"	16	12	3	"	132	111	21																
1901	"	79	35	13	"	22	11	4	"	127	97	18																
1902	2753	84	38	4	830	14	19	3	5990	142	81	9																
1903	"	81	34	10	"	19	6	1	"	126	81	15																
1904	"	84	36	13	"	17	13	4	"	140	78	16																
1905	"	68	31	6	"	22	8	3	"	135	96	23																
Averages of Years 1896 to 1905.	2409	76	35	10	886	20	12	3	6184	140	88	15																
	2753	80	33	12	830	18	14	2	5990	138	75	9																
1906																												



TABLE III.

# Rural District of Great Ouseburn. Cases of Infectious Disease notified during the Year 1906.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.							TOTAL CASES NOTIFIED IN EACH LOCALITY.			NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.		
	At all Ages.	At Ages—Years.						Acomb.	Borough-bridge.	Rest of District.	Acomb.	Borough-bridge.	Rest of District.
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards.						
Small-pox .. ..	..												
Cholera .. ..	..												
Diphtheria .. ..	10		1	4	4	1		5		5	4		
Membraneous Group ..	..												
Erysipelas .. ..	5					4	1	3	1	1			
Scarlet Fever .. ..	19		3	12	3	1		3		16	2		14
Typhus Fever .. ..	..												
Enteric Fever .. ..	1					1				1			
Relapsing Fever .. ..	..												
Continued Fever .. ..	..												
Puerperal Fever .. ..	..												
Plague .. ..	..												
Totals .. ..	35		4	16	7	7	1	11	1	23	6		14

Isolation Hospital at Acomb.





TABLE IV.  
Rural District of Great Ouseburn. Causes of, and Ages at, Death during the Year 1906.

CAUSES OF DEATH.	DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING IN OR BEYOND THE DISTRICT.							DEATHS AT ALL AGES OF "RESIDENTS" BELONGING TO LOCALITIES, WHETHER OCCURRING IN OR BEYOND THE DISTRICT.			Total Deaths whether Residents or "Non-Residents" in Public Institution in the District.
	All Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Acomb.	Borough-bridge.	Rest of District.	
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
Small-pox ..											
Measles ..											
Scarlet Fever ..											
Whooping-cough ..	3	1	2					1		2	
Diphtheria and Mem- branous Croup ..	1			1				1			
Croup ..											
Fever { Typhus ..											
Enteric ..											
other continued											
Epidemic Influenza ..	2					1	1			2	1
Cholera ..											
Plague ..											
Diarrhœa ..											
Enteritis ..	3	3						2		1	
Puerperal Fever ..											
Erysipelas ..											
Other Septic Diseases											
Phthisis (Pulmonary Tuberculosis) ..	13					10	3	1	3	9	1
Other Tubercular Diseases ..	3		1				2	2		1	1
Cancer, Malignant Disease ..	4						4	1		3	
Bronchitis ..	4	1					3	1		3	
Pneumonia ..	8	1	1		1	5		4	2	2	
Pleurisy ..											
Other Diseases of Respiratory Organs											
Alcoholism } Cirrhosis of Liver }	1					1			1		
Venereal Diseases											
Premature Birth ..	8	8						3		5	
Diseases and Accidents of Parturition ..	1					1				1	
Heart Diseases ..	15					4	11		2	13	3
Accidents ..	4				1	3		1		3	
Suicides ..	4				1	2	1	1	1	2	
All other causes ..	48	9	4	1		9	25	15	5	28	5
All causes ..	122	23	8	2	3	36	50	33	14	75	11



TABLE V.

Rural District of Great Ouseburn. Infantile Mortality during the Year 1906.

Deaths from stated causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
ALL CAUSES.	Certified .. ..	8	1	3	2	14	2	1		2	1	1	1			1		123
	Un-certified ..																	
Common Infectious Diseases.	Small-pox .. ..																	
	Chicken-pox .. ..				1	1												1
	Measles .. ..																	
	Scarlet Fever .. ..																	
	Diphtheria : Croup ..																	
Diarrhœal Diseases.	Whooping Cough ..																	
	Diarrhœa, all forms																	
	Enteritis : Muco-enteritis, Gastro-enteritis			1		1				1		1						3
Wasting Diseases.	Gastritis, Gastro-intestinal Catarrh ..																	
	Premature Birth ..	4	1	2		7	2											9
	Congenital Defects ..																	
	Injury at Birth ..																	
	Want of Breast Milk, Starvation ..																	
Tuberculous Diseases.	Atrophy, Debility, Marasmus ..	2				2												2
	Tuberculous Meningitis ..																	
	Tuberculous Peritonitis							1		2								3
	Tabes Mesenterica																	
Other Causes.	Other Tuberculous Diseases ..																	
	Erysipelas .. ..																	
	Syphilis .. ..																	
	Rickets .. ..																	
	Menengitis (not Tuberculous ..																	
	Convulsions .. ..	1				1							1					2
	Bronchitis .. ..																	
	Laryngitis .. ..																	
	Pneumonia .. ..																	
	Suffocation, overlaying																	
Other Causes.	Other Causes .. ..	1			1	2												2

BIRTHS IN THE YEAR
{
Legitimate, 236.  
Illegitimate, 8.
}

DEATHS IN THE YEAR OF
{
Legitimate infants, 23.  
Illegitimate infants, —
}

POPULATION estimated to middle of 1906, 9,573.

DEATHS FROM ALL CAUSES AT ALL AGES, 122.

